

PRINTED: 06/25/2010  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8001	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  06/23/2010
NAME OF PROVIDER OR SUPPLIER  SMITH COUNTY HEALTH-CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 112 HEALTH CARE DR CARTHAGE, TN 37030		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments  The complaints # TN00025895, 25022, and 25636 were investigated and no deficiencies were cited in relation to the complaints under 1200-8-6, Standards for Nursing Homes.	N 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The entire plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
N 415	1200-8-6-.04(10) Administration  (10) When licensure is applicable for a particular job, verification of the current license must be included as a part of the personnel file. Each personnel file shall contain accurate information as to the education, training, experience and personnel background of the employee. Documentation that references were verified shall be on file. Documentation that all appropriate abuse registries have been checked shall be on file. Adequate medical screenings to exclude communicable disease shall be required of each employee.  This Rule is not met as evidenced by: Based on review of the employee records, employee medical records, policy review, and staff interview, the facility failed to follow their policy to have evidence of tuberculin skin test result in the past twelve months prior to hire for two (#1, #2) of seven employee records reviewed.  The findings included:  Record review revealed employees #1 and #2 were hired on June 10, 2010, and both had prior health care employment twelve months prior to hire date. Review of the medical records of employees #1 and #2 revealed one tuberculin skin test result dated June 12, 2010.	N 415	N415  Residents found to be affected by the deficient practice were not identified. Residents who have the potential to be affected by this deficient practice will be identified as those in direct contact with an individual with an active case of TB. Smith County, TN is designated as a zero risk for TB exposure by the Health Department. The Staff Development Coordinator (SDC) is responsible for the employee health records and TB testing. All employees records will reflect the TB test administration or proof of prior administration. Individuals without prior proof documentation will either provide the documentation, take the TB test or not be allowed to work. Active employee files will be audited by the SDC to assure compliance (07/28/10). Any incomplete health record will be addressed to provide the documentation or complete the TB testing. Record audit results reported to the PI (QA) Committee. The Committee will review reports, make recommendations and instruct/give direction to assure compliance Reporting to the PI committee will be accomplished/repeated each 30 days for a	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6858

R2XL11

TITLE

(X6) DATE

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If continuation sheet 1 of 2

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N 415	Continued From page 1  Review of the facility policy titled Tuberculin Exposure Control Plan revealed..."9. b. Perform a symptom screen...Employee New Hire Screen and Annual TB (tuberculosis) Screen...9. c. A single skin test is administered to those with documented evidence of having a negative TB skin test result in the past 12 months..."  Interview, with the Assistant Staff Development Coordinator, on June 23, 2010, at 12:07 p.m., in the conference room, confirmed employees #1 and #2 had health care employment in the twelve months prior to hire. Further interview confirmed the facility had no evidence of a TB skin test result in the records of employees #1 and #2 prior to hire.	N 415	minimum of 90 days and/or until zero error reported. The Membership of the PI (QA) Committee is: Medical Dir, Admin, DON, ADON; MDS Coordinator, Staff Development Dir, Directors of: Soc Services; Act; Business Ofc; Dietary Services, Hskg/Laundry, Maintenance, Med Records and PI (QA) Team Leader(s).  The Administrator is responsible for overall compliance.		